

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015992

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

806

Primary Registration District No.

5747

Registrar's No.

38

STATE FILE NUMBER

FILED APR 23 1962

1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

MAYCULAND

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

MIFCULAND

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

MADISON

c. CITY OR TOWN

MIFCULAND

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

THOMAS

Middle

I CURTIS

Last

4. DATE OF DEATH

Month

4

Day

18

Year

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married

Never Married ☒

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

1-1-1909

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Superior Vena Cava Syndrome

1 mo.

DUE TO (c)

Bronchogenic Carcinoma

3 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 11, 1962 to April 18, 1962 and last saw him alive on April 16, 1962

Death occurred at 2 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

T. Thomas Warren, M.D.

22b. ADDRESS

115 So. Wood, Frankfort, Mo.

22c. DATE SIGNED

9/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4/20/62

23c. NAME OF CEMETERY OR CREMATORY

NEW MASONIC

23d. LOCATION (City, town, or county)

MADISON CO.

24. FUNERAL DIRECTOR

ADDRESS

Ed. Thomas, Madison, Mo. 4-21-1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Therence Dickel

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

APR 24 1962

JAN 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Frederickton MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.